



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Killeen Injury Clinic

Respondent Name

New Hampshire Insurance Company

MFDR Tracking Number

M4-14-0791-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

November 7, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The services were originally preauthorized on 01/29/13, reference #9955448. The patient did not start the Work Hardening Program until April 26, 2013. We requested a date extension and it was approved per their preauthorization letter on 04/24/13, and using the previous reference #9955448. Another preauthorization letter was also received, reference #10016012."

Amount in Dispute: \$10,352.86

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The Division placed a copy of the Medical Fee Dispute Resolution request in the insurance carrier's Austin representative box, which was acknowledged received on November 15, 2013. Per 28 Texas Administrative Code §133.307(d)(1), "The response will be deemed timely if received by the division via mail service, personal delivery, or facsimile within 14 calendar days after the date the respondent received the copy of the requestor's dispute. If the division does not receive the response information within 14 calendar days of the dispute notification, then the division may base its decision on the available information." The insurance carrier did not submit any response for consideration in this dispute. Accordingly, this decision is based on the information available at the time of review.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 15 – May 31, 2013	Work Hardening Program Evaluation & Management, established patient Functional Capacity Evaluations Work Status Reports	\$10,352.86	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the fee guidelines for professional medical services.
3. 28 Texas Administrative Code §134.600 sets out the requirements for preauthorization.
4. 28 Texas Administrative Code §137.100 sets out the commissioner's treatment guidelines.
5. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 50 – TX01 – Unnecessary treatment (w/o peer review)
 - 1 – Invalid code billed as 90791
 - ANSI62 – Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
 - 18 – Exact duplicate claim/service
 - 148 – This procedure on this date was previously reviewed.
 - ANSI150 – These are non-covered services because this is not deemed a medical necessity by the payer.

Issues

1. What are the services in dispute?
2. Are the insurance carrier's reasons for denial of payment for CPT code 90889 supported?
3. Are the insurance carrier's reasons for denial of payment for CPT code 99082 supported?
4. Are CPT codes 90889 and 99082 payable in accordance with 28 Texas Administrative Code §134.203?
5. What is the maximum allowable reimbursement (MAR) for the disputed services?
6. Is the requestor entitled to additional reimbursement?

Findings

1. In Explanations of Benefits dated October 21-22, 2015, the insurance carrier paid the following disputed services in full or in excess of the disputed amount. Therefore, these services will not be considered for this dispute:

Date	CPT Code
1/15/13	99213-59
1/21/13	99080-73
4/26/13	97545-WH-CA
4/26/13	97546-WH-CA
4/29/13	97545-WH-CA
4/29/13	97546-WH-CA
4/29/13	99367
4/30/13	97545-WH-CA
4/30/13	97546-WH-CA
5/1/13	97545-WH-CA

Date	CPT Code
5/1/13	97546-WH-CA
5/2/13	97545-WH-CA
5/2/13	97546-WH-CA
5/3/13	97545-WH-CA
5/3/13	97546-WH-CA
5/6/13	97545-WH-CA
5/6/13	97546-WH-CA
5/6/13	99367-59
5/8/13	97545-WH-CA
5/8/13	97546-WH-CA

Date	CPT Code
5/9/13	97545-WH-CA
5/9/13	97546-WH-CA
5/10/13	97545-WH-CA
5/10/13	97545-WH-CA
5/13/13	99367
5/20/13	97545-WH-CA
5/20/13	97546-WH-CA
5/30/13	97545-WH-CA
5/30/13	97546-WH-CA

2. The insurance carrier denied CPT code 90889 on January 21, 2013 with claim adjustment reason code 50 – "UNNECESSARY TREATMENT (W/O PEER REVIE." 28 Texas Administrative Code §133.307 (d)(2)(I) requires that "If the medical fee dispute involves medical necessity issues, the insurance carrier shall attach a copy of documentation that supports an adverse determination in accordance with §19.2005 of this title..."

The submitted documentation failed to support an adverse determination. The insurance carrier's denial reason is not supported. This service will therefore be reviewed per applicable Division rules and fee guidelines.

3. The insurance carrier denied CPT code 99082 on dates of service April 26, April 30, May 1, May 2, and May 7, 2013 with claim adjustment reason code 50 – "UNNECESSARY TREATMENT (W/O PEER REVIEW) (TX01)." 28 Texas Administrative Code §133.307 (d)(2)(I) requires that "If the medical fee dispute involves medical necessity issues, the insurance carrier shall attach a copy of documentation that supports an adverse determination in accordance with §19.2005 of this title..."

The submitted documentation failed to support an adverse determination. The insurance carrier's denial for this reason is not supported.

The insurance carrier denied CPT code 99082 on dates of service April 26, April 30, May 3, May 6, May 8, May 9, and May 30, 2013 with claim adjustment reason code ANSI62 – "Payment denied/reduced for absence of, or exceeded, pre-certification/authorization." 28 Texas Administrative Code §134.600 (p) states, in relevant part,

Non-emergency health care requiring preauthorization includes: ...

(12) treatments and services that exceed or are not addressed by the commissioner's adopted treatment guidelines or protocols and are not contained in a treatment plan preauthorized by the insurance carrier.

28 Texas Administrative Code §137.100 (a) defines the commissioner's treatment guidelines as "... the current edition of the *Official Disability Guidelines - Treatment in Workers' Comp...*" CPT code 99082 is defined as, "Unusual travel." Review of the edition of the *Official Disability Guidelines - Treatment in Workers' Comp* in effect at the time of service finds that unusual travel is a service that is not addressed. Therefore, this service required preauthorization. The submitted information does not support that CPT code 99082 was preauthorized in accordance with 28 Texas Administrative Code §134.600 (p). The insurance carrier's denial for this reason is supported.

4. 28 Texas Administrative Code §134.203 (b) states, in relevant part,

For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following:

(1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.

The requestor is seeking reimbursement for CPT code 90889 on January 21, 2013. The Division finds that this service has a Medicare status of B – "Bundled Code: Payment for covered services are always bundled into payment for other services not specified." Therefore, this code is not payable in accordance with 28 Texas Administrative Code §134.203.

The Division will consider CPT code 99082 for dates of service May 1, May 2, and May 7, 2013. The *Medicare Claims Processing Manual* (100-4), Chapter 12, §80.3 states,

In general, travel has been incorporated in the MPFSDB individual fees and is thus not separately payable. Carriers must pay separately for unusual travel (CPT code 99082) only when the physician submits documentation to demonstrate that the travel was very unusual.

Review of the submitted documentation does not support that very unusual travel occurred for these dates of service. Therefore, CPT code 99082 for dates of service May 1, May 2, and May 7, 2013 is not payable in accordance with 28 Texas Administrative Code §134.203.

5. 28 Texas Administrative Code §134.203 (c) states,

To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

- (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83...
- (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year...

The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. The Division conversion factor for 2013 is \$55.30.

For CPT code 97750-FC on January 17, 2013, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.000 is 0.450000. The practice expense (PE) RVU of 0.50 multiplied by the PE GPCI of 0.912 is 0.456000. The malpractice RVU of 0.03 multiplied by the malpractice GPCI of 0.809 is 0.024270. The sum of 0.930270 is multiplied by the Division conversion factor of \$55.30 for a total of \$51.44. This total is multiplied by 12 units for a MAR of \$617.28.

For CPT code 90791 on January 21, 2013, the RVU for work of 2.80 multiplied by the GPCI for work of 1.000 is 2.800000. The PE RVU of 1.52 multiplied by the PE GPCI of 0.912 is 1.386240. The MP RVU of 0.11 multiplied by the MP GPCI of 0.809 is 0.088990. The sum of 4.275230 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$236.42. The requestor is seeking reimbursement for 5 units of this service. This code is a psychiatric diagnostic evaluation, but is not defined as a timed code, so this service is not subject to reimbursement for multiple units.

For CPT code 99214 on January 21, 2013, the RVU for work of 1.50 multiplied by the GPCI for work of 1.000 is 1.500000. The PE RVU of 1.54 multiplied by the PE GPCI of 0.912 is 1.404480. The MP RVU of 0.10 multiplied by the MP GPCI of 0.809 is 0.080900. The sum of 2.985380 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$165.09.

For CPT code 97750-FC on May 7, 2013, the RVU for work of 0.45 multiplied by the GPCI for work of 1.000 is 0.450000. The PE RVU of 0.50 multiplied by the PE GPCI of 0.912 is 0.456000. The MP RVU of 0.03 multiplied by the MP GPCI of 0.809 is 0.024270. The sum of 0.930270 is multiplied by the Division conversion factor of \$55.30 for a total of \$51.44. This total is multiplied by 9 units for a MAR of \$462.96.

For CPT code 96151 on May 7, 2013, the RVU for work of 0.48 multiplied by the GPCI for work of 1.000 is 0.480000. The PE RVU of 0.08 multiplied by the PE GPCI of 0.912 is 0.072960. The MP RVU of 0.01 multiplied by the MP GPCI of 0.809 is 0.008090. The sum of 0.561050 is multiplied by the Division conversion factor of \$55.30 for a total of \$31.03. This total is multiplied by 4 units for a MAR of \$124.12.

For CPT code 96151 on May 31, 2013, the RVU for work of 0.48 multiplied by the GPCI for work of 1.000 is 0.480000. The PE RVU of 0.08 multiplied by the PE GPCI of 0.912 is 0.072960. The MP RVU of 0.01 multiplied by the MP GPCI of 0.809 is 0.008090. The sum of 0.561050 is multiplied by the Division conversion factor of \$55.30 for a total of \$31.03. This total is multiplied by 4 units for a MAR of \$124.12.

6. The total MAR for the disputed services is 1729.99. The insurance carrier paid \$1730.00. No further reimbursement is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	Laurie Garnes	November 3, 2015
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.